



Flexible Funding Guidelines

(July 2016 update)

In June 2015 and 2016, the Department of Behavioral Health and Developmental Services (DBHDS) provided the following Community Services Boards (CSBs) funding to increase access to and the availability of integrated, independent housing options for individuals with a developmental disability that meet the criteria for the target population as defined in the Settlement Agreement between the Commonwealth of Virginia and the U.S. Department of Justice.

The following CSBs were provided funding for this initiative. Each CSB will serve as a fiscal intermediary in the region in which they serve:

- Fairfax Falls Church CSB- Northern Virginia region (NOVA Team)
- Hampton Newport News CSB- Hampton Roads region (Peninsula Team)
- Henrico CSB- Richmond region (Richmond Team)
- Norfolk CSB- Hampton Roads region (Southside Team)
- New River Valley CSB- Southwest Virginia region
- Region Ten CSB- Northwest Virginia region

These guidelines should be referenced as each CSB establishes its budget and expends funds within its respective region.

These guidelines were amended in March 2016 to expand the eligible uses of Flexible Funding to include tenant support. Flexible Funds can now also be used to assist individuals in the DOJ target population that have transitioned to homes of their own and experienced temporary financial setbacks that place them at risk of eviction so they can attain housing stability.

Eligible Uses

Support to Obtain Housing

Flexible Funding may be used in a variety of ways to support an eligible individual's transition to a home of his/her own. Potential uses of these funds are described below. In the event there is a potential use that is not included below, but could remove a barrier for an eligible individual who wants to access their own housing, CSBs are encouraged to email the DBHDS Housing Specialist for written guidance and approval.

The potential fund expenditure categories are as follows:

1. **Temporary Rental Assistance** – This funding category allows the CSB to provide temporary rental assistance (no more than two months rent) for an eligible individual to allow for environmental modifications to be made;
2. **Transition Supports** – This funding category allows for the purchase of services or essential goods to enable an eligible individual to transition into their own home. (e.g., security deposit, utility connection fees and deposits, moving expenses, reasonable and essential fixture and furniture purchases, etc.) These funds may only be accessed when an eligible individual and their support coordinator have made a good faith effort to access other resources (e.g., Medicaid Waiver, Dominion's assistance vouchers) and those resources are not available within the timeframe needed and/or accessible to an applicant;
3. **Non-Reimbursable Environmental Modifications** – This funding category allows the CSB to pay for equipment or modifications of remedial or medical benefit to the individual's primary home, primary vehicle, worksite when these exceed the Americans with Disabilities Act (ADA) reasonable accommodations requirement to ensure an individual's health and safety, enable an individual to live in their own home and function with greater independence. These funds cannot be utilized if there are any other resources available to cover said expenditures, but may be used in conjunction with other funds (match);
4. **Non -Reimbursable Assistive Technology Improvements** – This funding category allows the CSB to pay for specialized medical equipment, durable/non-durable medical equipment, adaptive devices, appliances and controls which enable greater independence and equipment and devices which enable communication. This fund cannot be utilized if there are any other resources available to cover said expenditures, and again may be used in conjunction with other funds (match);
5. **Temporary Support Staffing** – This funding category allows the case manager to request funds to pay for short term, temporary staffing needed to assist an eligible individual with becoming acclimated to their new housing. This category shall not pay for staffing that is reimbursable via the Medicaid Waiver or Medicaid. These funds will likely assist eligible individuals who are on

the ID or DD waiver waitlist for transitional services/staffing. All individuals supported under this funding category should have a plan that identifies types of supports, natural and paid, should they require them;

6. **Miscellaneous** – This funding category allows the CSB to pay for non-traditional costs that are typically short term, temporary in nature and may be related to lapses in coordination of benefits and other related occurrences. The CSB shall provide a written request describing the proposed use to DBHDS and DBHDS must provide prior written authorization before this category may be used; and
7. **Program Administration** – This funding shall assist the CSB in covering some of or all of its costs associated with serving as the fiscal intermediary. This one-time amount is based upon 10% of the initial amount allocated per team. Each team has already received these funds.

Support to Remain in Housing

Flexible Funding may also be used in multiple ways to support eligible individuals who have transitioned into homes of their own and later experience temporary financial setbacks that jeopardize their housing stability and place them at risk of eviction. Potential uses of these funds are described below. In the event there is a potential use that is not included below, but could remove a short-term financial barrier for an eligible individual to remain in their own housing, CSBs are encouraged to email the DBHDS Housing Specialist for written guidance and approval.

Support Coordinators who request Flexible Funds for Tenant Support shall submit a Flexible Funding referral AND a Housing Stability Plan to the CSB serving as the fiscal agent. The Housing Stability Plan outlines specific steps the individual and his/her person-centered planning team will take to address the issue that precipitated the Flexible Funding request, as well as other issues that may jeopardize the individual's housing stability. For example, if the individual missed a rent payment due to hospitalization, the action plan may indicate the support coordinator will notify his/her parents to pay the rent if a future hospitalization occurs. A Housing Stability Plan template is attached to these guidelines. The Plan also includes a two part Household Spending Plan that reflects the individual's current budget and proposed budget going forward. The proposed budget should include adjustments needed to income and expenses (including any in-kind resources or subsidies that can be leveraged) to ensure critical housing bills such as rent and utilities are paid in full in a timely manner.

Support Coordinators may not seek, accept or retain Flexible Funding assistance from the CSB for amounts paid by the tenant or by a third party such as an insurance provider or another program that provides financial assistance. If, after submitting a request for Flexible Funds, the landlord receives payment for any claimed damages or late rent from the tenant or a third party, the Support Coordinator must immediately notify the CSB of such payment so the request can be canceled. If the landlord or third party receives payment with Flexible Funds after being paid by another source, the Support Coordinator should work with the landlord or third party to determine how best to recoup the Flexible Funds in a manner that does not place the individual at risk of losing his/her housing . The CSB will

maintain a record of tenancy support assistance provided to the individual to assist in determining if there has been an overpayment of program assistance.

The potential tenant support fund expenditure categories include:

1. **Emergency rent payment and associated late fees** - Flexible Funds may be used to pay the tenant's portion of the rent and any associated late fees for an eligible individual who has received a Five Day Pay or Quit Notice and has a documented medical or financial need. Payment is limited to three months of rent and three late fees per lease year. Payments shall be made directly to the landlord.
2. **Last resort utility assistance** – Flexible Funds may be used to pay for gas, electric, oil, propane, water and sewer bills that are in arrears if (1) the individual has received a shut-off notice and (2) the individual is not eligible for or has been denied assistance from the DSS Energy Assistance Program and Energy Share. Payment is limited to a maximum of \$500 per lease year.
3. **Household management activities** – Flexible Funds may be used to pay for specialized cleaning, chore services, pest extermination and trash removal required for an eligible individual who has received a Notice of 21 Days to Cure or 30 Days to Vacate for a lease violation related to tenant housekeeping. Payment is limited to a maximum of \$500 per lease year. Payment may be made to the landlord or to a third party.
4. **Unit repairs** - Flexible Funds may be used to repair damage (including water damage) to an eligible individual's rental housing unit that the individual caused by his/her action or inaction. The individual must have received a Notice of 21 Days to Cure or 30 Days to Vacate for a lease violation related to tenant damage of the unit, and the damage must not be covered by owner's or renter's insurance. Payment is limited to one request per lease year, not to exceed \$500. Payment may be made to the landlord or to a third party.
5. **Temporary relocation** – Flexible Funds may be used to temporarily relocate an eligible individual if his/her rental housing unit is damaged, flooded, contaminated by mold or other biohazard, or condemned. The individual must have a written notice from the Landlord or local code official stating that he/she may not return to the unit. Payment is limited to one request per lease year, not to exceed \$2,500.
6. **Tenant support miscellaneous** – Flexible Funds may be used to pay for non-traditional tenancy support costs that are short term and temporary in nature and may be related to lapses in coordination of benefits and services and other related occurrences that place an individual at risk of eviction. The CSB shall provide a written request describing the proposed use to DBHDS and DBHDS must provide prior written authorization before this category may be used.

Expenditure Amounts

DBHDS allocated these funds under the assumption that the average per person expenditure for Support to Obtain Housing would not exceed \$5,000. In the event that funding amount for any one person is expected to exceed \$5,000; the CSB shall notify the DBHDS Housing Specialist

via email. The email shall summarize proposed use of the funds and how it will remove any barrier preventing the eligible individual from moving into their own home.

As with the Flexible Funds for Support to Obtain Housing, the assumption is the average per person expenditure for Support to Remain in Housing will not exceed \$5,000. In the event that funding amount for any one person is expected to exceed \$5,000, the CSB shall notify the DBHDS Housing Specialist via email. The email shall summarize the proposed use of the funds and how they will assist the individual with maintaining housing stability and preventing the loss of integrated, independent housing.

Maximum flexibility is provided with goal of assisting, at a minimum, the HSS goal per team. The average funding amount shall be calculated by dividing the program expenditures, (excluding program administration) by the number of individuals served per team. An individual may be counted twice if they were provided funds to obtain housing and funds to maintain their housing on two separate occurrences.

Other resources shall be tracked and reported (family contributions, utility vouchers, etc.) in order to the document the total cost required to transition individuals in the target population. Funds are to be utilized to remove any barrier preventing an eligible individual from moving into their own home.

Monitoring, Reporting and Record Keeping

Monitoring

Each CSB shall allow DBHDS the opportunity to monitor, review and audit all programmatic and financial records needed to determine who this fund was managed and expended. The monitoring, or review, will be scheduled in advance on a date that is mutually agreed upon, and DBHDS staff shall send confirmation in writing.

A written report on the monitoring results shall be completed by DBHDS and provide to the CSB within 30 days of the review.

CSB Reporting Requirements

The CSB shall provide to the DBHDS, on a quarterly basis by the 20th of the following month:

1. A completed program expense report that includes itemized program expenditures for the quarter, a cumulative total of all expenditures, remaining line item balances and related funds accessed on behalf of the individual.
2. A completed program status report that details the number of individuals that have transitioned in connection with the use of the flexible funds.

Reports shall be submitted via email to the DBHDS Housing Specialist by the 20th of the month following the end of the previous quarter and shall cover activities and expenditures.

Documentation and Record Keeping Requirements

The CSB shall maintain documentation for all program expenditures to include, but not be limited to, the following for each fund category:

Support to Obtain Housing

- 1. Temporary Rental Assistance** – Copy of an executed lease between the eligible individual and the landlord or property manager, a copy of an invoice for the environmental modification work showing paid in full and a letter from the Support Coordinator documenting the unique circumstances in which the temporary rental assistance is needed.
- 2. Transition Supports** –
 - a. security deposit- a copy of an executed lease between the eligible individual and the landlord or property manager documenting the security deposit amount request/expended;
 - b. utility connection fees and deposits- a copy of bill from utility company that reflects the connection fee amount and deposit required;
 - c. moving expenses- invoice from moving company showing that all expenses are paid in full; and
 - d. reasonable and essential fixture and furniture purchases- a copy of a store receipt that includes items purchased for individuals home.
- 3. Non-Reimbursable Environmental Modifications** – a copy of an invoice from environmental modification contractor that all documenting expenses are paid in full and/or a copy of a store receipt that includes equipment purchased for individuals home or vehicle and/or a bill from the owner/landlord of the property.
- 4. Non-Reimbursable Assistive Technology Improvements** – a copy of an invoice from assistive technology contractor documenting that all expenses are paid in full or a copy of a store receipt that includes equipment purchased and installed in individuals home.
- 5. Temporary Support Staffing** – a copy of an invoice from support services provider showing that all expenses are paid in full.
- 6. Program Administration** – Financial records that document how the program administration funds were expended.

Support to Remain in Housing

1. **Emergency rent payment and associated late fees** - Copy of a Five Day Pay or Quit Notice from the landlord plus rent ledger showing total rent and fees owed.
2. **Last resort utility assistance** – Copy of utility shutoff notice and bill itemizing service fees and late fees.
3. **Household management activities** – A copy of an invoice from a service contractor or the landlord showing all expenses are paid in full, or an itemized store receipt that includes equipment and supplies that were rented or purchased.
4. **Unit repairs** - A copy of an invoice from a repair contractor or the landlord showing all expenses are paid in full, or an itemized store receipt that includes equipment rented and supplies purchased.
5. **Temporary relocation** – A copy of an invoice from a hotel, motel, or other temporary residence showing dates of lodging, daily rate, total cost and total paid.
6. **Tenant support miscellaneous** – A copy of an invoice from a contractor or the landlord showing all DBHDS approved expenses are paid in full, an itemized store receipt that includes all DBHDS approved equipment and supplies that were rented or purchased, OR documentation requested by DBHDS as a condition of approving funds in this category.

Sample Reporting Format

HSS- Flexible Funding

Monthly Expenditure Report

Department of Behavioral Health and Developmental Services

CSB Name:

Reporting Period:

Number of individuals assisted this reporting period:

	Budget	Quarterly Expenditures		Total Expenditures To Date		Remaining Balance
	\$	\$	%	\$	%	\$
Flexible Funding	\$ 300,000					
Temporary Rental Assistance		\$0	#DIV/0!	\$0	#DIV/0!	\$ 300,000
Transition Supports		\$0	#DIV/0!	\$0	#DIV/0!	
Non -Reimbursable Environmental Modifications		\$0	#DIV/0!	\$0	#DIV/0!	
Non -Reimbursable Assistive Technology Improvements		\$0	#DIV/0!	\$0	#DIV/0!	
Temporary Support Staffing		\$0	#DIV/0!	\$0	#DIV/0!	
Miscellaneous		\$0	#DIV/0!	\$0	#DIV/0!	
Total Flexible Funding		\$0	#DIV/0!	\$0	#DIV/0!	
Program Administration	\$30,000					\$30,000
Program Administration		\$0	#DIV/0!	\$0	#DIV/0!	
Total Program Administration		\$0	#DIV/0!	\$0	#DIV/0!	
TOTAL	\$ 330,000	\$0	#DIV/0!	\$0	#DIV/0!	\$330,000

Plan to Maintain Stable Housing

Individual's Name:

Address:

Phone Number:

Support Coordinator's Name:

Phone Number:

Email:

Landlord's Name:

Company Name:

Address:

Phone Number:

Email:

Maintenance After Hours Phone Number:

Email:

Prevention Planning

Here are the steps I will take to prevent a housing emergency:

- ☐ I will put \$_____ per month into an emergency rent fund (can be a checking/savings account, a fund held by family)
- ☐ I will pay my bills on time and review my household budget every month
- ☐ I will check with my landlord every three months to see if I am following the rules of my lease
- ☐ I will let my landlord know when something in my house needs to be repaired
- ☐ I will take good care of my apartment (vacuum the carpets, sweep/mop the floors, clean the sinks and toilets, dust, take out trash, etc.).
- ☐ I will keep the noise down so people can't hear what is happening in my house through the walls, floor or ceiling
- ☐ Other: _____
- ☐ Other: _____

Emergency Planning

1. What will I do if I do not have enough money to pay my rent or utilities this month (electric, gas, water, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

2. What will I do if I do not have enough money to pay for other things this month (such as food, transportation, phone, cable, laundry, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

3. What will I do if something in my apartment breaks and I have to move temporarily until it is fixed (e.g. a few days)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

4. What will I do if I get a letter from my landlord saying I have broken the rules of my lease and I have to fix the problem or move out in 30 days?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

5. What will I do if I get a letter saying my landlord will not renew my lease for another year?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

6. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

7. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

8. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

HOUSEHOLD SPENDING PLAN

Indicate # of people in household:
Adults _____ Children _____

			<u>FLEXIBLE EXPENSES</u>	NOW	W/HOUSE
<u>NET MONTHLY INCOME</u>	NOW	W/HOUSE	Savings		
Source 1			Groceries		
Source 2			Lunch (work/school)		
Other Income			Eating Out		
Total Income [A]			Entertainment/Hobbies		
			Laundry/Drycleaning		
			Cleaning Supplies		
<u>FIXED EXPENSES</u>	NOW	W/HOUSE	Clothing		
Rent/Mortgage			Gasoline/Bus/Taxi		
Electric			Newspaper/Magazines		
Gas/Oil			Alcohol/Cigarettes		
Water/Sewer			Church/Charity		
Home Phone			Tuition/Books		
Cell Phone			Barber/Beauty Shop		
Internet service			Auto Maintenance		
Trash pickup			House Maintenance		
Cable			Doctor/Dentist		
Medical Insurance			Pets		
Auto Insurance			Parking/Tolls		
Life Insurance			Lottery/Bingo		
Renters Insurance			Lawn Care		
Child Support/Alimony			Maintenance/Repairs		
Child Care			Other		
Homeowners Assoc. Fees			Total Flexible [D]		
Other					
Total Fixed [B]			<u>EXPENSES</u>	NOW	W/HOUSE
			FIXED [B]		
<u>DEBT PAYMENTS</u>	NOW	W/HOUSE	DEBT [C]		
Installment Loans			FLEXIBLE [D]		
Automobile Loan			TOTAL EXPENSES [E]		
Credit Card Payments					
Credit Card Payments					
Credit Card Payments					
Total Debt [C]			Subtract Expenses from Income (A - E):		
			TOTAL INCOME (A)		
			TOTAL EXPENSES (E)		
			DIFFERENCE + or -		

Note: If you have accounted for all your expenses, including savings, your difference should be \$0.00.

If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings.

If you come up with a negative number, you are spending more than you make. Review the budget thoroughly to examine where you can trim your expenses.

Applicant Signature _____

Applicant Signature _____

CERTIFICATION: I hereby certify that I have reviewed the above budget with the applicant(s) and concur that it is reasonable.

Lender or Counselor Signature: _____